

A PLACE TO CALL THEIR OWN

The Importance of the Jewish Home for the Aged for Jewish Nursing Home Residents with Dementia

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Using ecological theory as a guiding tool, this article explores the relationship between Jewish nursing homes and the Jewish residents who live in these specialized care facilities. While it is widely accepted that Jewish nursing homes positively affect the well-being of Jewish seniors requiring nursing home care, systematic study and empirical evidence supporting this environmental intervention are lacking in the existing literature. Even less is known about the effectiveness of the Jewish Home for the Aged for Jewish nursing home residents who have dementia. This article considers if and how the Jewish nursing home environment works to improve the well-being of Jewish nursing home residents, with a focus on the effects of this intervention for Jewish residents in the advanced staged of dementia.

THE CONTEXT AND THE EMERGENCE OF THE JEWISH HOME FOR THE AGED

North American Jewish communities face an historically unprecedented task of providing care to a growing population of older Jewish people. Twenty percent of the Diaspora population and 17.3 percent of the Canadian Jewish population (Torczyner, et al., 1995) are older than age 65. Around the year 2030 it is projected that one of three Jews living outside of Israel will be over 65 (Habib, 1992). With these demographic changes, one of the greatest challenges for our Jewish communities will be to ensure that sufficient and culturally appropriate long-term care services are available for the Jewish aged. While the larger society often assumes that individuals from minority cultural backgrounds will care for their frail elders at home (Stanford & Schmidt, 1995–1996), due to historical circumstances such as the Holocaust, many Jewish elders have fewer extended family members than the average senior (Giberovitch, 1999). Many Jewish elders in poor health may also not want to be a burden to family members and may request admission to a long-term care facility in an attempt to remain independent (Rubinstein, 1994).

Despite their strong desire not to burden their family members, Jewish seniors may be reluctant to enter mainstream nursing homes.

They may not feel comfortable with the idea of living in a public sector institution for a variety of reasons, including language barriers, fear of discrimination, mistrust of government bureaucracy, and a host of other unique religious and traditional needs that are not met in mainstream long-term care facilities (Giberovitch, 1999; Mui & Burnetee, 1994). Likely, the ethnic-religious specific nursing home arose out of negative experiences that elderly residents and their caregivers faced while living in mainstream care facilities that could not meet their traditional, cultural, spiritual, and religious needs. In addition, "the Jewish propensity to self-help can be traced to the longstanding history of discrimination and denial of access to mainstream institutions throughout the world" (Rubinstein, 1994, p. 70). Such barriers all help explain the emergence and popularity of the Jewish Home for the Aged.

THE CURRENT SITUATION

Today, many Jewish Homes for the Aged throughout North America obtain substantial financial support from both the Jewish community and the public sector. Nevertheless, the overwhelming need that remains for these nursing homes is demonstrated by waiting lists that are substantially longer than those for mainstream long-term care institutions (Maurier & Northcott, 2000). Although the

number of geriatric facilities operating under Jewish auspices is growing, they cannot adequately serve the rapidly increasing numbers of Jewish frail elderly (Maurier & Northcott, 2000; Salamon, 1988).

Understanding this supply-and-demand issue seems relatively straightforward. Many Jewish people want to live in a Jewish environment where their needs and values are better met and better understood. As Kahn (1999) found in his study of the ways in which residents adapt to nursing home environments, "the crucial factor [for Jewish residents is] that their nursing home [is] a 'Jewish place'" (p. 127). One of his informants who resided in an alternate nursing home while waiting for admission to the Jewish Home for the Aged, explained, "It was not a Jewish home. It was a nice home but Christmas was Christmas" (Kahn, 1999, p. 128). Clearly, identity and belonging play important roles in Jewish residents' satisfaction with the nursing homes in which they live. Many Jewish seniors want to live in ways that are familiar to them and in environments where they feel their values, traditions, and beliefs are shared and understood. Yet, the North American Jewish population is aging at a rate faster than the growth of these specialized facilities.

Do the themes of identity and belonging help explain the effectiveness of the Jewish Home for the Aged for all Jewish nursing home residents? Do they have meaning for individuals with dementia, who often do not consciously remember their identity and who can no longer understand their need and desire to live in a Jewish environment?

Having dementia is a strong predictor of nursing home care (Morgan & Stewart, 1997). In North America, approximately 57 percent of residents of long-term care facilities have dementia, and this figure is expected to rise with the aging of the population (Morgan & Stewart, 1997). Are Jewish nursing homes as effective for Jewish residents in the advanced stages of dementia as they are for those who are able to understand and express their need and desire to live in these specialized environments?

TURNING TO THEORY

The answer to the above-mentioned question has tremendous implications for practice, policy, and, ultimately, for funding. However, in the absence of empirical data to verify the effectiveness of this environmental intervention, this author turns to social theory for guidance and for direction. As Craib (1992, p. 3) writes, "The problems that force people to theory do not belong solely to [social science] research; they are problems we all face in our everyday lives, problems of making sense of what happens to us and the people around us, the problems involved in making moral and political choices."

As one considers the themes that are relevant in understanding the issue at hand, such as the relationship between the individual and his or her living environment, identity, and belonging, ecological theory¹ seems the most fitting social work theory. This theory assists in understanding the various ways that a Jewish Home for the Aged works to improve the well-being of cognitively intact residents. But, can this theoretical framework help determine if and how these specialized environments improve the well-being of Jewish nursing home residents with dementia? To answer this question, it is helpful to examine the basic tenets and assumptions of ecological theory.

What is Ecological Theory?

Ecological theory draws on concepts from ecology, general systems theory, stress theory, biopsychosocial theory, and many other bodies of knowledge to explain the effects of environments on the people who experience them (Greene, 1991). It recognizes that transactions and goodness of fit between individuals and their environments can enhance or interfere with life situations and thereby be a source of support or of stress (Lewis & Greene, 1994). It insists that a good fit between person

¹Some proponents of ecological frameworks believe that the term ecological model is more appropriate than ecological theory. However, for the purposes of this article the term ecological theory is used.

and environment leads to improved quality of life and optimal functioning; life problems develop when there is a lack of good fit between the person and the qualities of the environment (Swenson, 1979). Ecological theory is also concerned with societal power relationships and redressing inequities such as those associated with religion and ethnicity (Germain & Gitterman, 1987) and how these social injustices and discrimination affect human development (Ho, 1987). This theoretical perspective reminds social workers that reducing environmental barriers to growth and adaptation is a foremost concern (Germain, 1981).

Ecological theory rests on the following basic assumptions (Greene, 1991):

- The capacity to interact with the environment and to relate to others is innate.
- Person-environment forms a unitary system in which humans and environment mutually influence each other (form a reciprocal relationship).
- People need to be understood in their natural environments and settings.
- Positive change can result from life experiences, natural social networks, and social support.
- Strong connections develop when people are in a supportive environment.
- There are strong connections between social supports and mental and physical health.

Ecological Theory and the Jewish Home for the Aged

The existing literature emphasizes the importance of goodness of fit of the environment for nursing home residents (Hughes, 1992). It has also been widely noted that adapting the environment to individual needs as a way to achieve optimal outcomes is key in working with ethnic and/or religious minority populations. There is much evidence that good matching of person and environment may result in improved quality of life and optimal functioning. Conversely, a poor fit is thought to decrease the quality of life and increase disability (Morgan & Stewart, 1997).

The Jewish Home for the Aged can work in

numerous ways to meet the needs of Jewish residents and help achieve a good fit. In the most obvious sense, these specialized nursing homes provide residents with the opportunity to live in their natural environments. Residents are able to observe traditions and religious customs with as much and in some cases more ease as those living in the community. They are able to keep a kosher diet and go to synagogue daily as these foods and services are available on premises.

Additionally, the Jewish Home for the Aged provides regular opportunities for religious and ethno-cultural involvement. There is evidence that personal religious practices and religious social activities can contribute to feelings of happiness and self-worth for elderly populations (Neill & Kahn, 1999). Participation in a religious community can be key to resiliency and improved mental health and is therefore known to be a social and cognitive resource for older adults (Binstock, 2000). Furthermore, it is commonly believed that as people age they become more ethnic in nature (Kastenbaum, 1979). Many elders revert in some way to ethnic aspects of their identity that were dormant through most portions of their life. The opportunity for ethnic belonging is also believed to be a significant resource for older adults (Rubinstein, 1994).

Furthermore, as ecological theory suggests, positive change can result from natural social networks and social support. Providing residents with the opportunity to interact with people of a common background can have a very positive effect. For example, many Jewish seniors share mother tongues and often use these languages as points of departure for what become powerful friendships. It has been written that the Yiddish language binds people together and facilitates the most emotional of discussions (Myerhoff, 1979). This is not to say that equally strong friendships cannot develop among people of different cultural backgrounds, but a common culture can often expedite the building of trust and rapport (Pereira, et al., 1996). As ecological theory suggests, a supportive, a nutritive and fitting environment enables strong connections to develop.

Most significantly, many Jewish elders have experienced unthinkable horrors in their lifetime. There are approximately 27,000 Holocaust survivors in Canada alone, representing 7.6 percent of the total Canadian Jewish population, and most are elderly (Torczyner et al., 1995). Holocaust survivors who require nursing home care may feel safer and less fearful in a Jewish agency (Giberovitch, 1999). In a variety of ways, a Jewish Home for the Aged offers access to an environment that may assist Holocaust survivors to cope with their experiences. It is a place where residents' unique form of grief and loss may be shared and understood. Most Jewish nursing homes hold memorial services, providing survivors with a venue to give testimony to their experiences and to formally memorialize their dead (Safford, 1995).

Additionally, social workers and other health care professionals at a Jewish Home for the Aged are skilled at understanding residents' troubles and emotional difficulties through an historical framework. They may therefore demonstrate greater empathy and patience toward a variety of challenging behaviors and adjust their interventions accordingly. For example, as a result of their experiences, survivors are often characterized as guarded and suspicious. Developing trust with this population, which is essential to helping relationships, requires specialized knowledge and skill (Safford, 1995).

The literature certainly points to many benefits of the Jewish Home for the Aged for Jewish nursing home residents. However, systematic and empirical research clearly demonstrating the relative effectiveness of these specialized nursing homes in contributing to the well-being of the residents does not appear to exist. The only directly related research study that aimed to quantify the effectiveness of a culturally homogeneous nursing home compared to mainstream facilities failed to support the hypothesis that culturally homogeneous nursing homes improve residents' quality of life (Pereira et al., 1996).

Even less is known about the helpfulness of this intervention for residents with dementia. It could be argued that, particularly in the end

stages of dementia when the individual is largely unaware of the environment (Mace & Rabins, 1999), the Jewish Home for the Aged no longer benefits him or her any more than other mainstream nursing facilities would. No study could be located that has attempted to measure the effects of the Jewish nursing home environment on residents with dementia. However, a review of the broader dementia, ethnic agency, and nursing home literatures, as well as experience working as a social worker with this population, leads this author to challenge such an argument. Rather, an integration of the existing literature and practice knowledge suggests that the Jewish Home for the Aged is not only an important intervention for Jewish residents with dementia, but that in many cases it may be a critical one.

In the last decade, the environment has become recognized as a significant therapeutic element in the care of nursing home residents with dementia (Morgan & Stewart, 1997). Research indicates that common symptoms of dementia such as confusion and disorientation can be exacerbated or helped depending on the fit of the environment (Teresi et al., 2000). In understanding behavior in dementia, it is necessary to consider not only the physical but also the social environment (Stokes, 2000). Ecological theory suggests that the capacity to interact with the environment and to relate to others is innate. Most health care providers and relatives who spend a significant amount of time with people in the advanced and even end stages of dementia speak of the meaningful, albeit new ways, that these individuals interact, express themselves, and experience joy and love in their relationships.

Having the opportunity to live in an environment where one feels loved, cared for, and safe is of paramount importance for the well-being of nursing home residents with dementia (Morgan & Stewart, 1997). For Jewish residents, particularly those who have experienced significant discrimination and persecution in their lifetime, living in an environment where they feel a sense of belonging may help them achieve these social needs. For example, sharing a common language may be an important means of establishing rapport and friend-

ships for all Jewish nursing home residents. However, for those with dementia it may be essential. As residents with dementia often lose their ability to communicate in the English language and revert to their mother tongue, sharing an environment with others who speak these languages may allow them to establish important emotional connections and a sense of safety, comfort, and belonging.

Additionally, living in a Jewish Home for the Aged where recreation therapists, music therapists, rabbis, other residents, and visiting family members and friends all bring life to the environment through song and prayer may prove to be therapeutic to residents with dementia. While being unable to recall, understand, or respond to stimulants in ways that they could previously, many residents are able to recognize and even sing along to the words and tunes of traditional Jewish songs and prayers (Abramowitz, 1993). Those who are non-verbal often express their recollection of and desire to contribute to the meaningful sounds through ritualized gestures, e.g. closing and covering their eyes with their hands during the recitation of the Shema prayer. While individuals with dementia may no longer understand the meaning of prayers, "the emotional relationship to something spiritual, the reverence, is often there," and it is believed that "the most demented and agitated appear to have the most to gain" from traditional song and prayer (Abramowitz, 1993, p. 72). When residents with dementia remember these songs and prayers, it may provide them with a sense of knowing, which may be soothing and therapeutic. The use of song and prayer may also work as a therapeutic practice tool by facilitating emotional reminiscence and worker-resident connection in a way that more traditional clinical approaches cannot. As song and prayer are believed to influence the wellness of residents, the sounds of chants and music almost always resonate within the walls of the Jewish Home for the Aged.

Most notably, Holocaust survivors with dementia benefit from living in an environment where facility personnel are aware of the impact of sensory triggers for those who can no longer distinguish between their horrific past

experiences and the present situation. For these residents, moving into a nursing home may be experienced as returning to a concentration camp. Routine medical procedures may be experienced as camp experiments. The smells of urine and feces, often found in nursing homes, may be reminders of the lack of sanitation in the camps. Being showered may be experienced as being taken to the gas chamber (Reese, 1998; Safford, 1995). Personnel at Jewish nursing homes are more likely to be aware of the possibilities of such reactions. They learn to take special care in carrying out their roles by providing adequate time, reassurance, and clarification, so that reactions to sensory triggers may be minimized (Safford, 1995). At Jewish nursing homes, many care procedures and protocols are designed with Holocaust survivors and the potential for these types of sensory triggers in mind.

Evidence exists indicating that each nursing home resident, no matter how mentally impaired, can benefit from opportunities for appropriate support including culturally and religiously relevant interactions and experiences (Ragno, 1995). Matching residents to nursing home environments plays a key role in well-being, particularly for those individuals who have lost much of their memory, ability to reason, and orientation to time and place. However, there are also some challenging issues to consider in using ecological theory to understand how Jewish residents benefit from living in a Jewish Home for the Aged.

ISSUES FOR CONSIDERATION

Evaluating the Effectiveness of the Jewish Home for the Aged for Residents with Dementia

A potential challenge in using the ecological approach is how to evaluate the goodness of fit of the Jewish Home for the Aged for residents with dementia. When an individual loses the ability to understand and to express him- or herself (Mace & Rabins, 1999), is it possible to know whether the environment is experienced as helpful to this individual? Some writers argue that the answer is a cautious "yes" (Stokes, 2000). Behaviors may be good

indicators. Buckland (1997) suggests behaviors that would likely occur only if a person was feeling a state of well-being, such as assertiveness, initiating social contact, affection, sensitivity to others, self-respect, relaxation, helpfulness, creativity, and humor. In addition, staff and family members can be asked for their perceptions about the benefits of the Jewish environment to a given resident. However, this information must be considered with caution because it is not coming from the resident. When judging the effectiveness of culturally homogeneous nursing homes on residents who are cognitively intact, mental and physical health may also be used as indicators (Pereira et al., 1996). However, for residents with dementia these indicators may be less reliable. In cases where a resident demonstrates physical and/or mental decline it cannot be known whether these changes were caused by the dementing illness or the specialized environment. In cases where modest improvements were noted in mental or physical abilities, these changes might be attributed to a variety of other medical or behavioral interventions that are commonly used people with dementia (Mace & Rabins, 1999).

Individualized Care

The provision of individualized and flexible care is thought to be of critical importance in working with individuals who have dementia (Morgan & Stewart, 1997). However, despite decades of research regarding person-environment fit, it is still unclear how best to individualize care environments. The key difficulty is providing individual care within an institutional environment. Since each person with dementia, even of a given type and stage, will have a unique set of needs, it becomes impossible to provide each resident with the specific care that he or she requires. Clearly, there are tremendous constraints implicit in attempting to serve many individuals with varying needs in a single institutional setting (Teresi et al., 2000). Nursing homes that aim to meet residents' unique religious and cultural needs may succeed in providing an important facet of individualized care to residents with

dementia. However, they may not necessarily succeed in offering the individualized care a resident requires in other areas of life.

Some Jewish Homes for the Aged have special care units (SCUs) within the facility. SCUs are secure units where the number of residents is limited so that personnel are able to focus on each resident's individual care needs. However, SCUs are not appropriate for all individuals with dementia or at all stages of the disease. Because of their restrictive nature, SCUs are typically recommended only during those stages of the disease where the individual is mobile and is at risk for wandering or behaving in ways that are dangerous and/or disruptive.

Outside of SCUs, individualized care planning is becoming increasingly common in nursing homes, although certain aspects of care continue to be regimented, even in Jewish Homes for the Aged. For example, in most nursing homes residents cannot choose to eat meals whenever they are so inclined. Meals are served at specific times, and the resident is expected to adapt his or her preferred routine to the nursing home's schedule. Bath and shower times are also often inflexible. Residents usually have only one time slot per week when they may take a bath or shower, even if the individual always enjoyed taking a bath or shower every day. Whenever people are treated en bloc, as if they have the same needs, their dignity is compromised and the quality of dementia care is poor (Stokes, 2000). Meeting ethnic and religious needs is very important, even critical in many cases, but facility policies and protocols should also take other individualized care needs into account.

Diversity within the Ethnic/Religious Group

Jewish nursing home residents who do not have dementia also have individual needs that may be unrelated to their Jewish identity. In addition, even in regard to ethnic and religious needs much diversity exists among the larger population of Jewish nursing home residents. As noted in the previous section, no institution can possibly meet the myriad individual

needs that exist among the larger group. "Despite the ethnic categories which are in common social and political use, there are no homogeneous ethnic groups" (Kramer & Barker, 1994, p. 412), and the concept of ethnicity is dynamic, fluid, and situationally invoked. For this reason, ideally Jewish Homes for the Aged should aim to address the special needs of individual residents within the larger context of their culture, age cohorts, and shared life experiences (Stanford & Schmidt, 1995-1996).

Will the Need Last?

Another challenge in using an ecological approach to understand the effectiveness of the Jewish Home for the Aged lies in considering the changing needs of Jewish seniors throughout the generations. Research is needed to investigate whether a homogeneous social context will be needed for future generations of Jewish seniors requiring nursing home care. Will this type of division in social context remain relevant (Pereira et al., 1996)? After all, "our ethnic identities emerge, develop, and are modified" (Turner, 1987, p. 187).

Ethnicity and/or Religion as the Divisive Force

In considering the diversity that exists among the Jewish population and the relevance of the Jewish Home for the Aged for future generations of Jewish elders, one cannot help but reflect on a related question. Why is ethnicity and/or religion the most common means of separating nursing home residents? One cannot help but consider a multitude of other variables upon which specialized nursing homes could be based. For example, why is there not a specialized nursing home for people who enjoy the arts? If divisions based on ethnicity and religion are believed to be helpful, could other types of separations also have the potential to be therapeutic? They may very well have this potential. But the validity of other forms of specialized nursing homes does not obviate the tremendous need and therapeutic ability of the ethnic-religious nursing home. Many gerontologists emphasize the therapeutic power of ethnicity and

religion in later life (Rubinstein, 1994; Turner, 1987). As Turner (1987) writes, ethnic agencies "are needed in particular times in history, in particular areas, to provide specific needs in a manner acceptable to the client" (p. 178).

THE ROLE OF THE SOCIAL WORKER

An ecological perspective is concerned with the transactions between people and environments that promote or inhibit human potential. The role of the social worker is to promote adaptive transactions and to prevent or correct maladaptive ones (Germain & Gitterman, 1979). In fact, this is social work's domain of specific expertise relative to other helping professions (Young, 1994). There is currently an overwhelming demand for admission to Jewish nursing homes. Therefore, in working with Jewish clients who require nursing home care, it is critical that social workers first obtain the necessary information to assess each client's individualized physical and social care needs. This process should include learning about the client's cognitive status. Social work clinicians should also work closely with their client and his or her loved ones to learn about the individual's Jewish identity. Together, this information will assist the social worker to make a recommendation to the client and family members about the perceived appropriateness of this environmental intervention (Rawitch, 1997). In making such assessments, ecological theory is used as a guide for channeling residents to appropriate residential-care settings (Pereira et al., 1996). Furthermore, where appropriate residential services do not yet exist, social workers must recognize this need, advocate for, and assist in designing culturally sensitive environmental interventions (Johnson et al., 1997).

How are social workers doing in these roles to date? Young (1994) suggests that the integration of environmental modification with clinical social work practice has been "somewhat awkward at best" (p. 202). Over twenty years ago, Germain and Gitterman (1979) suggested that social work needs to expand its knowledge about environments and people-environment relations. While more is being

learned about this important issue every day, uncertainties remain as to the effectiveness of these specialized nursing homes for all of their residents, particularly for those in the advanced stages of dementia.

TESTING THE HYPOTHESIS

Teresi et al. (2000) note that "additional research is needed to examine more fully the fit of social and physical environment to individual needs. Despite decades of research regarding person-environment fit, it is still unclear how best to individualize care environments in a single congregate setting" (p. 417). In order to learn more about the breadth and depth of this issue, it would be useful to conduct and analyze qualitative interviews and/or focus groups with cognitively alert Jewish nursing home residents living in both Jewish Homes for the Aged and in mainstream nursing homes. In cases where residents have dementia, speaking with their family members and/or the staff at these facilities may be helpful. As empirical data on this issue are missing, a quantitative study comparing the overall well-being of Jewish seniors who live in Jewish and non-Jewish nursing homes is another important step in confirming this research hypothesis. Survey questionnaires and psychometric scales designed to study the relative well-being of Jewish residents living in Jewish and non-Jewish nursing homes may be useful data collection tools. However, these research tools must account for a variety of confounding factors such as the overall quality of the nursing home, degree of personal religiosity and affiliation with the Jewish faith throughout one's life, and the individual's health and overall functional status.

CONCLUSION

More research is clearly needed to comprehend more fully this important issue and to achieve increased financial support for Jewish nursing homes. In the meantime the role that theory can play in this endeavor to understand must not be overlooked. The issue at hand clearly demonstrates the ability of social work

theory to assist clinicians, policymakers, and funding agents to better understand the needs of Jewish nursing home residents with dementia and the ways that the Jewish Home for the Aged can assist in meeting these needs.

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